

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/830591** FILING DATE **05 JUN 2001**

APPLICANT(S) *Winston*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3	2			1		
4	2			1		
5	2			1		
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TOTAL IND.			/			
TOTAL DEP.			4			
TOTAL CLAIMS			5			

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